

EASTER SEALS FLORIDA, INC.
TREASURE COAST EARLY STEPS SYSTEM OF CARE
Palm Beach, Martin, St. Lucie, Indian River and Okeechobee Counties

This 2017-20 **Provider** Agreement, for the implementation of and participation in the local Early Steps System of Care provided under the Individuals with Disabilities Education Act (IDEA), Part C, is entered into by and between Easter Seals Florida, Inc. ("Treasure Coast Early Steps System of Care" or "TCES") and _____ ("Provider").

INTRODUCTION:

The intent of this document is to establish and maintain a mutual understanding and agreement among all parties providing early intervention services to families and children ages birth to thirty-six months who are eligible for IDEA Part C Early Steps services in Palm Beach, Martin, St. Lucie, Indian River, and Okeechobee Counties (the "Local Community"). The Early Steps System of Care supports and enhances the capacity of families and caregivers by utilizing developmental learning opportunities within the child and family's daily routines, activities, and everyday places.

Participants agree to:

- Support and participate in the TCES Primary Service Provider (PSP) Team natural environments model of services as defined in the Local Community.
- Provide services as authorized on the Individual Family Support Plan (IFSP) within the child's and family natural environment and within their everyday routines, activities, and places, as stated in the IFSP.
- Ensure the Procedural Safeguards of children and their families under IDEA Part C.
- Participate when requested by the Primary Service Provider, Service Coordinator (SC) or the family in IFSP meetings, updates, and reviews.
- Recognize the use of Early Steps Part C funding as the payor of last resort. All other available funding sources must be exhausted prior to accessing Early Steps Part C funding.

TREASURE COAST EARLY STEPS PROVIDER REQUIREMENTS:

1. All individuals providing services must submit documentation to TCES for satisfactory enrollment within one of the provider classes specified in the current Early Steps Program Handbook and Operations Guide (PHOG) at http://www.floridahealth.gov/AlternateSites/CMS-Kids/home/resources/es_policy/es_Policy.html, prior to providing service to eligible children enrolled in TCES.
2. All licensed health care professionals and Infant Toddler Developmental Specialists (ITDSs) must provide documentation of satisfactory enrollment in the Florida Medicaid program for their discipline and adhere to the requirements in the appropriate Medicaid Handbook as specified in the PHOG at http://www.floridahealth.gov/AlternateSites/CMS-Kids/home/resources/es_policy/es_Policy.html
3. All therapists must be dually enrolled as early interventionists. When EIIF (early intervention) is recommended by the IFSP team and is authorized on the IFSP, the therapist agrees to bill as an early interventionist using their 81 Medicaid number. When Therapy is recommended by the IFSP team and is authorized on the IFSP, the therapist agrees to bill for therapy services using their 83 Medicaid number. **This section is subject to the Medicaid guidelines in effect on the date of service.**
4. All individuals providing early intervention services under this agreement must satisfactorily enroll in the TCES Community Provider Network prior to providing services to eligible children enrolled in TCES. Note: Enrollment is limited to those individuals meeting the

above enrollment criteria and working exclusively in the child's natural environment as a member of a TCES PSP Team.

5. **FAILURE TO NOTIFY TCES OF THE USE OF A NEW PROVIDER OR ANY OTHER CHANGE IN THE TERMS OF THIS AGREEMENT IS CONSIDERED FRAUDULENT AND IS GROUNDS FOR TERMINATION.**
6. Recognize the IFSP as the authorizing document for services, including:
 - **Frequency** (how often you see the child each week, for example one time per week)
 - **Intensity** (how long you see the child during each visit), and
 - **Duration of services** (authorization period, for example a maximum of 6 months)
 - **Payor** (utilize Early Steps Part C funding as payor of last resort).
 - **Location of services:** Service provision will be provided in the child's natural environment as defined on the IFSP and any changes will be done in collaboration with the family and TCES IFSP Team.
7. Agree that all initial screening and evaluation services will be conducted through TCES staff or their designees.
8. Refer all potentially eligible children age birth to three to TCES utilizing the Referral Form within two (2) working days of receipt of initial referral of the child to the Provider. (IDEA Part C 34 CFR 303.321 Comprehensive Child Find System Requirements).
9. Upon receipt of a referral from TCES, the Provider agrees to immediately confirm acceptance or denial of the child/family's third party insurance, Medicaid or Medicaid HMO for Early Steps services with the family and the Service Coordinator (SC). ***Failure to follow third party insurance protocols and participation standards will result in denial of Part C reimbursement.***
10. Agree that service delivery will begin within thirty (30) days once Early Steps eligibility is determined, and an IFSP is written.
11. Agree that if service delivery cannot be implemented within thirty (30) days, the Provider will immediately notify the family and the SC so alternate service providers can be identified.
12. Agree to consult with the family and the SC prior to any change in services, including increase, decrease, termination or a break lasting more than one week. Changes in service location, frequency, intensity, or duration must be approved in advance by the IFSP team, including the family and SC at a minimum.
13. Agree to immediately notify the family and the SC of any change in third party insurance, Medicaid or other funding source coverage.
14. Agree to enroll in and comply with all provider enrollment and billing requirements of TCES and/or Early Steps. This includes agreeing to bill, when applicable, third party insurance, Medicaid, and community funding sources prior to utilizing Early Steps funds as the "payor of last resort" as identified on the IFSP.
15. Agree to verify, on a monthly basis, the Medicaid eligibility status of each child who is known to be eligible for Medicaid and is receiving services from that Provider. In the event of a change in the Medicaid status, the Provider will notify the SC by the third business day of the month in which the status change occurs.
16. Agree to accept the TCES established rate of reimbursement as payment-in-full for Early Steps services if the payment from third party insurance, Medicaid or community agencies is at or above the TCES rate of reimbursement.
17. Agree to accept payment for children in Palm Beach and St. Lucie Counties for services authorized with COMA (Community Agency) as the payer from TCES as authorized on the IFSP upon receipt of program funds from the Early Steps State Office (ESSO).

18. Agree that families will have no “out of pocket” expenses associated with their child’s Early Steps services.
19. Agree to accept Medicaid and other third party insurances and to submit, on an annual basis, a listing of commercial insurance carriers with whom the Provider is enrolled. Provider agrees to immediately notify TCES of updates and/or changes to this list.
20. Agree to follow industry standard business practices regarding in- and out-of-network insurance verification, pre-authorization, provider enrollment, and timely billing for each child’s individual third party insurance, Medicaid, Medicaid HMO or other funding sources to maximize its use.
21. Billing packets must be received at the TCES billing office at 520 N. Semoran Blvd, Suite 280, Orlando, FL 32807 by the seventh (7th) day of each month, for services delivered in the prior month. The billing packet will contain: a signed summary invoice for services billed to Early Steps, completed Interventions/Appointments/Referrals (IAR) forms, natural environment travel logs, and insurance EOB’s. All billing forms can be accessed at <http://www.easterseals.com/florida/our-programs/childrens-services/treasure-coast-early-steps/treasure-coast-provider.html>.
22. Agree to bill the payer listed on the IFSP within sixty (60) days from the date of service and in accordance with TCES requirements. Failure to do so will result in denial of reimbursement from Early Steps Part C funds.
 - a. If insurance or Medicaid has been listed as the payer and Early Steps funds are being requested, a copy of the written denial or EOB must be attached to the claim and submitted to the TCES billing office within sixty (60) days of receipt of Insurance written denial or EOB. Failure to do so will result in denial from Early Steps Part C funds.
23. **Agree that in the event final billing documentation is received by the TCES billing office after the seventh (7th) day of the month following the expiration or termination of this Agreement, payment to provider may be delayed or denied completely due to the unavailability of funds.**
24. Agree to maintain accurate and complete records for each service performed under this Agreement, and comply with all applicable federal, state, and local laws and regulations regarding the confidentiality and maintenance of records.
25. Agree to submit to the SC the following reports: a) initial and ongoing plans of care, b) progress reports for use at the six (6) month IFSP review and annual IFSP update, and c) home visit notes. The initial and ongoing plans of care must be submitted as they are developed. The home visit notes must be submitted monthly.
26. Agree to retain all records for a period of up to six (6) years after a child’s discharge.
27. Agree to fully comply with periodic site monitoring and further agree to deliver within five (5) working days original records or a copy of the record as requested, at no cost to TCES.
28. Agree to provide within ten (10) working days of a family’s request a copy of the child’s treatment record. This will be provided at no cost to the family.
29. At its sole cost and expense, shall maintain policies of professional liability insurance, Florida automobile liability insurance and workers’ compensation insurance to insure the Provider against any claim or claims for damages arising in connection with the performance of Provider’s responsibilities under this agreement. Such policies shall provide coverage in the aggregate as indicated below. Provider shall notify TCES in writing within twenty-four (24) hours of receiving any notice of cancellation of the insurance, or within one week of any other change (other than cancellation) in liability coverage and costs thereof.

- A. **Professional liability insurance:** Provide a minimum of one million dollars per occurrence and three million dollars aggregate coverage AND name Easter Seals Florida, Inc. as a “Named Additional Insured” on policy.
- B. **Florida Automobile liability insurance:** Provide proof of current Florida coverage for this policy. This applies to providers who anticipate submitting requests for travel reimbursement.
- C. **Workers’ compensation insurance:** Provide proof of Workers’ Compensation coverage or, if exempt, provide signed workers compensation attestation of exemption.

The Provider will submit all required Certificates of Insurance to the Treasure Coast Early Steps program at the time of initial enrollment and each year thereafter when insurance is renewed.

- 30. **Provider shall notify TCES within twenty-four (24) hours of becoming aware that the Provider, or any of its employees, agents, representatives, contractors or subcontractors providing services under this Agreement:**
 - a) **Is no longer providing services under this Agreement;**
 - b) **Has a license which is under investigation or has been revoked, suspended or restricted**
 - c) **Has been pended or dis-enrolled from the Florida Medicaid Program, or is under investigation by the Agency for Health Care Administration or one or more of the following: Departments of Health, Children and Families or Protective Services;**
 - d) **Receives a notice of intent to be sued, served with process, or receives any notifications that it or any of its employees, agents, representatives, contractors, or subcontractors providing services under this Agreement is the subject of an action for professional malpractice.**
- 31. The Provider Agency shall maintain all necessary and applicable individual licenses and certifications and shall forward a copy of each renewal to TCES upon receipt.
- 32. Agree to abide by the established Policies and Procedures as outlined in the PHOG at http://www.floridahealth.gov/AlternateSites/CMS-Kids/home/resources/es_policy/es_Policy.html.
- 33. Agree to follow the Dispute Resolution Process as outlined in the PHOG at http://www.floridahealth.gov/AlternateSites/CMS-Kids/home/resources/es_policy/es_Policy.html.
- 34. Agree to abide by the confidentiality and security requirements of IDEA Part C and the Health Insurance Portability and Accountability Act (HIPAA), found in PHOG at http://www.floridahealth.gov/AlternateSites/CMS-Kids/home/resources/es_policy/es_Policy.html.
- 35. Comply with the requirements of the **Governor’s Executive Order 11-02**, which mandates the use the **E-Verify System** to verify the employment eligibility of all persons employed by a group during the term of this agreement. Sole practitioners will be required to submit documentation (I9 form) for the E-Verify System so that TCES can confirm their eligibility to work in the USA.
- 36. Use the links provided below to access the E-Verify System and comply with the terms of the Executive Order 11-02. You will be required to register in the system and sign an electronic Memorandum of Agreement pertaining to system use. Download and save a copy of the MOA and submit with this agreement as documentation of your compliance.
E-Verify System:
<https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES>
Executive Order 11-02:
http://www.flgov.com/wp-content/uploads/2011/01/scott.eo_two.pdf

37. Agree to accept reimbursement from TCES and/or Early Steps for early intervention services as authorized on each child's IFSP and provided within **natural environments at the Medicaid/Early Steps rates in effect on the date of service.** Refer to Exhibit A, Services Taxonomy.
 - **These rates are subject to change based upon available funding.**
 - **Maintain record of travel on Natural Environment Travel Log with parent/caregiver signature**
38. Provider agrees to use best efforts to enroll in all managed care plans authorized by AHCA to serve Medicaid recipients in region 9 under the Statewide Medicaid Managed Care (SMMC) Managed Medical Assistance Program (MMA). Region 9 consists of the following counties: Palm Beach, Martin, St. Lucie, Okeechobee, and Indian River.
39. If Provider is non-par with child's insurance and/or Medicaid HMO, Provider will follow the insurer's out-of-network process to secure service authorization. Provider will track progress of authorization and provide TCES with documentation of said activity no less than once every 30 days.

TREASURE COAST EARLY STEPS AGREES TO:

1. Reimburse enrolled Provider(s) according to the Medicaid/Early Steps rates, within seven (7) business days upon receipt of funds from the Department of Health Children's Medical Services Early Steps Program. Reimbursement will be dependent upon receipt of program contracted funds and presentation of a signed, dated invoice reflecting actual services provided and delivered to eligible children/families as authorized on the IFSP when proper billing procedures are followed.
2. Provide the link to and comply with all appropriate policies and procedures in the PHOG at http://www.floridahealth.gov/AlternateSites/CMS-Kids/home/resources/es_policy/es_Policy.html
3. Authorize early intervention services as one hour sessions within the Primary Service Provider (PSP) Team approach on each child's IFSP.
4. Provide notification in the event of a change in reimbursement rate under this agreement.

Renegotiation or Modification: Modifications of this Agreement shall only be valid when they are in writing and signed by both parties. The parties agree to amend this Agreement to comply with state revisions to the Early Steps Program or any applicable laws or regulations.

Notices and Contact: Any notices or other communications permitted or required by this Agreement shall be in writing and shall be given by personal delivery or by certified mail, postage prepaid, to the other party at the address set forth below:

If to TCES: Easter Seals Florida, Inc
 520 N. Semoran Blvd. Suite 280
 Orlando, FL 32807
 Attn: Susan Ventura, President/CEO

If to Provider: _____

Any notice sent in compliance with this section shall be deemed to have been given upon the earlier of receipt or three (3) days after mailing, except that notice of change of address shall not be deemed effective until actual receipt by the intended recipient.

Term: This Agreement will commence on _____ and remain in effect through June 30, 2020.

Termination: TCES may terminate this Agreement and thus revoke a Provider's status within the early intervention system of care upon twenty-four (24) hour written notice of the occurrence of any of the following events:

- Funding for the TCES program becomes unavailable;
- Provider loses its license, is pended or dis-enrolled from the Florida Medicaid Program, or;
- TCES, in its sole discretion, determines that a Provider has failed to comply with the terms and conditions of this Agreement.

Natural Environment: All services under this Agreement will be conducted in the child's home, child care facility, or other natural environment as defined in the Individual Family Support Plan –IFSP. If, on a case-by-case basis, services are approved on the IFSP to be delivered in a non-natural environment setting, Provider must submit proof of comprehensive general liability insurance indicating Easter Seals Florida, Inc. as "named insured" prior to initiation of service delivery.

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Your signature on this **2017-20** TCES Provider Agreement reflects the commitment of Provider and staff to natural environments service delivery and the guiding principles of IDEA Part C and is necessary for participation in the Treasure Coast Early Steps System of Care.

PROVIDER:

**EASTER SEALS FLORIDA, INC.
Treasure Coast Early Steps Program**

Provider Name (please print)

Easter Seals Florida, Inc. / TCES

Provider Title (please print)

Title

Provider Signature

Signature

Agency Name (if applicable)

Date

Date

Provider Street Address: _____

Provider City, State, Zip: _____

Provider Office Phone: _____

Provider Cell Phone: _____

Provider Fax: _____

Provider E-mail: _____

Provider Billing Contact: _____

Medicaid Therapy (83) Provider #: _____

Medicaid EI (81) Provider #: _____

Check one:

_____ I certify that I am the sole proprietor of the agency working under this agreement.

_____ I certify that:

- There are multiple individuals in the agency working under this agreement (listed below).
- Each individual listed below is included under Provider's insurance policies (professional liability, automobile liability and workers' compensation).
- Provider attests that the individual(s) listed below will maintain full compliance with all terms and conditions of the Agreement.
- Provider attests that all services will be rendered in the child's natural environment.
- Provider attests that the individual(s) listed below will join a Community PSP Team as assigned by TCES (if applicable)

LIST OF PROVIDERS WORKING UNDER THIS AGREEMENT
(Not applicable for sole proprietors)

Exhibit A
Revised April 2017

Code	CPT CODE	Description	Rate	Units Def	Definition
SPL	92508	GROUP SPL SESSION PER CHILD	13.88	1 hour	Speech/Language Therapy (SLP): includes services which identify children with communicative or oropharyngeal disorders and delays in development of communication skills. It includes diagnosis and appraisal of specific disorders and delays in those skills; referral for medical or other professional services necessary for the habilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development or communication skills.
BEHV	BEHV	BEHAVIORAL ASSESSMENT	125	1 assesment	Behavioral Assessment: measures the psychological, social and emotional development of a child using standardized protocols and observation. Performed by a licensed or non-licensed behavior specialist.
AUDE	92585	AUD EVOKED RESPONSE (COMP)	77.13	1 procedure	Auditory Evoked Response (Diag)
AUDE	92586	AUD EVOKED RESPONSE (LIMITED)	46.42	1 procedure	Auditory Evoked Response (Screen)
AUDE	92587	OTOACOUSTIC EMISSIONS (LIMITED)	18.55	1 procedure	Otoacoustic emissions (Limited)
AUDE	92567	TYPANOMETRY (IMPEDANCE TESTING)	8.26	1 procedure	Speech audiometry threshold (impedance testing)
AUDE	92579	VISUAL REINFORCEMENT AUDIOMETRY	25.31	1 procedure	Visual Reinforcement Audiometry
AUDE	92568	ACOUSTIC REFLEX TESTING (MEMR)	9.06	1 procedure	Acoustic reflex testing (MEMR)
AUDE	92555	SPEECH AUD THRESHOLD (DETECTION)	12.61	1 procedure	Speech audiometry threshold (detection)
AUDE	92553	PURE TONE AUDIOMETRY AIR & BONE	21.35	1 procedure	Pure tone audiometry-air and bone
AUDE	92582	CONDITIONED PLAY AUDIOMETRY	34.97	1 procedure	Conditioned Play Audiometry
AUDE	V5010	ASSESSMENT FOR HEARING AID	45	1 assesment	Assessment for hearing aids
SENS	V5264	EARMOLD	18	1 device	earmold
AUDE	V5090	DISPENSING FEE PER HEARING AID	115	1 aid	Dispensing fee for each hearing aid
SENS	V5050	IN EAR MONAURAL HEARING AID	228	1 aid	Medicaid hearing aid - analog or digital
SENS	HA_EIP	*ONE UNIT UP TO \$500 PER AID	500	1 device	single unit, wholesale price, <= \$500 per aid
AUD	92592TS	AUDIOLOGY SERVICES (Monaural)	50	1 visit	Hearing aid follow-up visit for Non-Medicaid
SENS	HA_INS	SENSORY AID INSURANCE PER EAR	65	1 device	per ear
SENS	V5014	*HEARING AID REPAIR BY MANUFACTURER	114	1 repair	hearing aid repair
SENS	FM	FM RECEIVER HEARING AID	1650	1 device	FM receiver hearing aid
AUD	92626	EVAL OF AUD REHAB STATUS	51.35	1 eval	Eval of auditory rehabilitation status
AUD	92630	AUD REHAB PRELING HEARING LOSS	71.61	1 visit	Auditory rehabilitation prelingual hearing loss
AUD	92633	AUD REHAB POSTLING HEARING LOSS	71.61	1 visit	Auditory rehabilitation postlingual hearing loss
EVAL	96111	DEVELOPMENTAL EVALUATION	50	1 hour	Developmental Evaluation: measures the cognitive, self help/adaptive, physical, emotional and communication development using standardized protocols and observation. This is administered by a licensed or non-licensed Early Intervention professional
NUTR	NUTR	*UNSPECIFIED NUTRITIONAL EVAL	50	1 eval	Nutritional Evaluation: includes conducting individual assessments in nutritional history and dietary intake; anthropometric, biochemical, and clinical variables; feeding skills and feeding problems; and food habits and food preferences. This is conducted by a Registered Dietician.
OCTH	97003	OT EVAL BY LICENSED OT, INITIAL	51.05	1 eval	Therapy Evaluation (Follow-up): determines the recipient's level of function and competencies through therapeutic observation and standardized testing protocols. They are used to develop baseline data to identify the need for EI; and to address the recipient's functional abilities, capabilities, activities performance, deficits and limitations. The therapist must write the recipient's plan of care based on the results of the eval. Reimbursement for writing the plan of care is included in the reimbursement for the eval.
PSTH	97001	EVAL BY LICENSED PT, INITIAL	51.05	1 eval	Therapy Evaluation (Initial): determines the recipient's level of function and competencies through therapeutic observation and standardized testing protocols. They are used to develop baseline data to identify the need for early intervention; and to address the recipient's functional abilities, capabilities, activities performance, deficits and limitations. The therapist or speech-language pathologist must write the recipient's plan of care based on the results of the evaluation. Reimbursement for writing the plan of care is included in the reimbursement for the evaluation.
SPCH	92523	EVAL OF SPCH SOUND PROD; EVAL LANG COMP	51.05	1 eval	Therapy Evaluation determines the recipient's level of function and competencies through therapeutic observation and standardized testing protocols. They are used to develop baseline data to identify the need for EI; and to address the recipient's functional abilities, capabilities, activities performance, deficits and limitations. The therapist or SLP must write the recipient's plan of care based on the results of the eval. Reimbursement for writing the plan of care is included in the reimbursement for the eval
OCTF	97004	OT EVAL BY LICENSED OT, FOLLOW-UP	51.05	1 eval	Therapy Evaluation (Initial): determines the recipient's level of function and competencies through therapeutic observation and standardized testing protocols. They are used to develop baseline data to identify the need for early intervention; and to address the recipient's functional abilities, capabilities, activities performance, deficits and limitations. The therapist must write the recipient's plan of care based on the results of the evaluation. Reimbursement for writing the plan of care is included in the reimbursement for the eval.
PSTF	97002	EVAL BY LICENSED PT, FOLLOW-UP	51.05	1 eval	Therapy Evaluation (Follow-up): determines the recipient's level of function and competencies through therapeutic observation and standardized testing protocols. They are used to develop baseline data to identify the need for early intervention; and to address the recipient's functional abilities, capabilities, activities performance, deficits and limitations. The therapist or speech-language pathologist must write the recipient's plan of care based on the results of the evaluation. Reimbursement for writing the plan of care is included in the reimbursement for the evaluation.
VISD	99202	VISION EVAL DIAG (SIMPLE)	35.98	1 eval	Vision Evaluation - Diagnostic: diagnosis and appraisal of specific visual disorders, delays, and abilities; referral for professional services necessary for the habilitation or rehabilitation of visual functioning. Performed by an ophthalmologist or optometrist.
VISD	99203	VISION EVAL DIAG (LOW COMPLEXITY)	53.55	1 eval	Vision Evaluation - Diagnostic: diagnosis and appraisal of specific visual disorders, delays, and abilities; referral for professional services necessary for the habilitation or rehabilitation of visual functioning. Performed by an ophthalmologist or optometrist.
VISD	99204	VISION EVAL DIAG (MOD COMPLEXITY)	75.72	1 eval	Vision Evaluation - Diagnostic: diagnosis and appraisal of specific visual disorders, delays, and abilities; referral for professional services necessary for the habilitation or rehabilitation of visual functioning. Performed by an ophthalmologist or optometrist.
VISD	VISD	*VISION EVALUATION DIAGNOSTIC	100	1 eval	Vision Evaluation - Diagnostic: diagnosis and appraisal of specific visual disorders, delays, and abilities; referral for professional services necessary for the habilitation or rehabilitation of visual functioning. Performed by an ophthalmologist or optometrist.
VISF	92499	VISION EVALUATION FUNCTIONAL	50	1 eval	Vision Evaluation - Functional: evaluation and assessment of visual functioning, including the need for orientation and mobility training for all environments; communication and motor skills training; and independent living skills training. Performed by a teacher of the visually impaired or vision specialist.
ASTE	ASTE	ASSISTIVE TECHNOLOGY EVAL	48.5	1 eval	Assistive Technology Evaluation: completed by a professional in consultation with the team to determine needs for assistive technology to meet a specific IFSP functional outcome as identified by the family.
AACIS	92597	AAC INTIAL EVAL BY LICENSED SLP	102.63	1 eval	Augmentative and Alternative Communication Systems Evaluation (AAC): evaluations, fittings, adjustments and training are reimbursed through the Medicaid therapy services program for children under the age of 21. An interdisciplinary team, led by a speech-language pathologist, must perform an initial evaluation on the recipient for an AAC system that meets, at a minimum, the evaluation documentation requirements listed in the Medicaid Therapy Services Coverage and Limitations Handbook, Provider Qualifications for Initial (ACC) Evaluations. The evaluation, which includes the individualized action plan, must be signed, titled (credentials), and dated by all contributing interdisciplinary team members.
AACIP	92597GP	AAC INITIAL EVAL BY LICENSED PT	102.63	1 eval	Augmentative and Alternative Communication Systems Evaluation (AAC): evaluations, fittings, adjustments and training are reimbursed through the Medicaid therapy services program for children under the age of 21. An interdisciplinary team, led by a speech-language pathologist, must perform an initial evaluation on the recipient for an AAC system that meets, at a minimum, the evaluation documentation requirements listed in the Medicaid Therapy Services Coverage and Limitations Handbook, Provider Qualifications for Initial (ACC) Evaluations. The evaluation, which includes the individualized action plan, must be signed, titled (credentials), and dated by all contributing interdisciplinary team members.
AACIO	92597GO	AAC INITIAL EVAL BY LICENSED OT	102.63	1 eval	Augmentative and Alternative Communication Systems Evaluation (AAC): evaluations, fittings, adjustments and training are reimbursed through the Medicaid therapy services program for children under the age of 21. An interdisciplinary team, led by a speech-language pathologist, must perform an initial evaluation on the recipient for an AAC system that meets, at a minimum, the evaluation documentation requirements listed in the Medicaid Therapy Services Coverage and Limitations Handbook, Provider Qualifications for Initial (ACC) Evaluations. The evaluation, which includes the individualized action plan, must be signed, titled (credentials), and dated by all contributing interdisciplinary team members.
AACRS	92597GN	AAC RE-EVAL BY LICENSED SLP	52.63	1 eval	Augmentative and Alternative Communication Systems Evaluation (AAC): evaluations, fittings, adjustments and training are reimbursed through the Medicaid therapy services program for children under the age of 21. An interdisciplinary team, led by a speech-language pathologist, must perform an initial evaluation on the recipient for an AAC system that meets, at a minimum, the evaluation documentation requirements listed in the Medicaid Therapy Services Coverage and Limitations Handbook, Provider Qualifications for Initial (ACC) Evaluations. The evaluation, which includes the individualized action plan, must be signed, titled (credentials), and dated by all contributing interdisciplinary team members.

Exhibit A
Revised April 2017

Code	CPT CODE	Description	Rate	Units Def	Definition
AACFIT	92609	AAC FITTING, ADJUST, TRAINING VISIT	42.11	1 eval	Augmentative and Alternative Communication Systems Evaluation (AAC): evaluations, fittings, adjustments and training are reimbursed through the Medicaid therapy services program for children under the age of 21. An interdisciplinary team, led by a speech-language pathologist, must perform an initial evaluation on the recipient for an AAC system that meets, at a minimum, the evaluation documentation requirements listed in the Medicaid Therapy Services Coverage and Limitations Handbook, Provider Qualifications for Initial (ACC) Evaluations. The evaluation, which includes the individualized action plan, must be signed, titled (credentials), and dated by all contributing interdisciplinary team members.
WHEELO	97003TG	WHEELCHAIR EVAL/ FITTING BY LICENSED OT	51.05	1 eval	Wheelchair Evaluation and Fitting: Medicaid reimburses therapists for an initial evaluation of a recipient's need for a wheelchair, and follow-up evaluations after it is delivered to make adjustments and to properly fit the wheelchair to the recipient. To be billed to Medicaid, the following criteria must be met: The initial wheelchair evaluation must be prescribed via referral by the primary care provider, ARNP or PA designee, or a designated physician specialist; The therapist must complete, sign and date a wheelchair evaluation report documenting the recipient's need for a wheelchair and the specific type of wheelchair needed; and the primary care provider, ARNP or PA designee, or a designated physician specialist must provide the durable medical equipment provider with a written prescription for the wheelchair repair or replacement.
WHEELP	97001TG	WHEELCHAIR EVAL/ FITTING BY LICENSED PT	51.05	1 eval	Wheelchair Evaluation and Fitting: Medicaid reimburses therapists for an initial evaluation of a recipient's need for a wheelchair, and follow-up evaluations after it is delivered to make adjustments and to properly fit the wheelchair to the recipient. To be billed to Medicaid, the following criteria must be met: The initial wheelchair evaluation must be prescribed via referral by the primary care provider, ARNP or PA designee, or a designated physician specialist; The therapist must complete, sign and date a wheelchair evaluation report documenting the recipient's need for a wheelchair and the specific type of wheelchair needed; and the primary care provider, ARNP or PA designee, or a designated physician specialist must provide the durable medical equipment provider with a written prescription for the wheelchair repair or replacement.
PDEO	T1024	*PSY-DEV EVAL OUTPATIENT, INITIAL	150	1 eval	Initial evals are comprehensive, interdisciplinary evals provided to a child who has been referred for services. The eval is to determine the child's psychosocial and developmental level of functioning. Evals must be performed by a minimum of 2 professionals (ITDS, PT, OT, SLP, RN, MD, Psychologist, LCSW, Mental Health Counselor) from different disciplines at least 1 of which must be enrolled as a Medicaid EI provider (class code 81).
PDFO	T1024HTTS	*PSY-DEV EVAL OUTPATIENT, FOLLOW-UP	150	1 eval	Follow-up evals are comprehensive, interdisciplinary evals provided to a child who has been referred for services. The eval is to determine the child's psychosocial and developmental level of functioning. Evals must be performed by a minimum of 2 professionals (ITDS, PT, OT, SLP, RN, MD, Psychologist, LCSW, Mental Health Counselor) from different disciplines at least 1 of which must be enrolled as a Medicaid EI provider (class code 81).
NURS	T1001	NURSING ASSESSMENT	50	1 assessment	Nursing Assessment: assessment of health status as part of the multidisciplinary evaluation team process and/or to identify the need for nursing services that would enable the child to benefit from or participate in other intervention services during the time that the child is receiving other early intervention services.
COIFF	COIFF	IFSP CONSULT, PROF, FACE TO FACE	50	1 hour	COIFF-(only for annual and periodic IFSP reviews, not for initial IFSP's, by each professional present i.e. OT, PT, SLP, RN, ITDS, excluding the SC (SC) who documents TCM, cannot bill for initial IFSP) occurs during IFSP meetings or transition conferences and includes review and discussion of family concerns, priorities and resources; development of integrated outcomes and intervention strategies within family ERAP; review of appropriate team and primary service provider. COIFF must be face-to-face with the SC and family participating. When some team members are face-to-face and some are by phone, face-to-face can only be billed at the designated meeting location. May bill TRAV.
COIFP	COIFP	IFSP CONSULT, PROF, BY PHONE	25	1 hour	COIFP-(only for annual and periodic IFSP reviews, not for initial IFSP's, by each professional present i.e. OT, PT, SLP, RN, ITDS, excluding the SC (SC) who documents TCM, cannot bill for initial IFSP) occurs during IFSP meetings or transition conferences and includes review and discussion of family concerns, priorities and resources; development of integrated outcomes and intervention strategies within family ERAP; review of appropriate team and primary service provider. COIFP must be by phone with SC and family participating. When some team members are face-to-face and some are by phone, face-to-face can only be billed at the designated meeting location.
CONOF	CONOF	CONSULT, OT, FACE TO FACE	50	1 hour	Consultation Service Occupational Therapist Face-to-Face: Consultation by the OT to assist the family and the primary service provider with the implementation of outcomes and strategies on the individualized family support plan (IFSP) in a face-to-face meeting with the OT and PSP with the family informed of the consultation date and time to allow their participation if they desire. May bill TRAV.
CONOP	CONOP	CONSULT, OT, PHONE	25	1 hour	Consultation Service Occupational Therapist via Phone: consultation by the OT to assist the family and the primary service provider with the implementation of outcomes and strategies on the IFSP in a phone conference between the OT and PSP with the family informed of the consultation date and time to allow their participation on the call if they desire. The family receives a summary of the consultation.
CONPF	CONPF	CONSULT, PT, FACE TO FACE	50	1 hour	Consultation Service Physical Therapist Face-to-Face: consultation by the PT to assist the family and the primary service provider with the implementation of outcomes and strategies on the individualized family support plan (IFSP) in a face-to-face meeting with the PT and PSP with the family informed of the consultation date and time to allow their participation if they desire. May bill TRAV.
CONPP	CONPP	CONSULT, PT, PHONE	25	1 hour	Consultation Service Physical Therapist via Phone: consultation by the PT to assist the family and the primary service provider with the implementation of outcomes and strategies on the individualized family support plan (IFSP) in a phone conference between the PT and PSP with the family informed of the consultation date and time to allow their participation on the call if they desire. The family receives a copy of the Consultation Among Service Providers Team Members Documentation form.
CONSF	CONSF	CONSULT, SLP, FACE TO FACE	50	1 hour	Consultation Service Speech Language Pathologist Face-to-Face: consultation by the SLP to assist the family and the primary service provider with the implementation of outcomes and strategies on the individualized family support plan (IFSP) in a face-to-face meeting with the SLP and PSP with the family informed of the consultation date and time to allow their participation if they desire. May bill TRAV.
CONSP	CONSP	CONSULT, SLP, PHONE	25	1 hour	Consultation Service Speech Language Pathologist via Phone: consultation by the SLP to assist the family and the primary service provider with the implementation of outcomes and strategies on the individualized family support plan (IFSP) in a phone conference between the SLP and PSP with the family informed of the consultation date and time to allow their participation on the call if they desire. The family receives a copy of the Consultation Among Service Providers Team Members Documentation form.
CONIF	CONIF	CONSULT, ITDS FACE TO FACE	50	1 hour	Consultation Service ITDS / Licensed EI Face-to-Face: consultation by the ITDS/EI to assist the family and the primary service provider with the implementation of outcomes and strategies on the individualized family support plan (IFSP) in a face-to-face meeting with the ITDS/EI, family and PSP present. May bill TRAV.
CONIP	CONIP	CONSULT, ITDS PHONE	25	1 hour	Consultation Service ITDS / Licensed EI via Phone: consultation by the ITDS/EI to assist the family and the primary service provider with the implementation of outcomes and strategies on the individualized family support plan (IFSP) in a phone conference between the ITDS/EI and PSP with the family informed of the consultation date and time to allow their participation on the call if they desire. The family receives a copy of the Consultation Among Service Providers Team Members Documentation form.
EIGF	T1024TTHN	*EI GROUP SESSION BY PROF	25	1 hour	Early Intervention Group Professional (EIGF): an early intervention session in the child's natural environment with one child or that child's parent(s), family-member(s), or caregiver(s) or both one child and that child's parent(s), family-member(s) or caregiver(s).
EIIF	T1024HN	*EI INDIVIDUAL SESSION BY PROF	50	1 hour	Early Intervention Individual Professional (EIIF): an early intervention session in the child's natural environment with one child or that child's parent(s), family-member(s), or caregiver(s) or both one child and that child's parent(s), family-member(s) or caregiver(s). The early intervention services provider must write a plan of care for the child based on the most current multidisciplinary evaluation and other current appropriate medical documentation. A plan of care must be written for each type of early intervention session (individual, group) to be provided. The plan of care must reflect the service period authorized on the IFSP and the authorizing period cannot be more than six months. Changes or revisions may require the development of a new plan of care. A copy of the plan of care must be maintained in the provider's file for the child and in the file with the local CMS Early Steps program.
VISN	T1024HN	*EI VISION SERVICES, INDIVIDUAL	50	1 hour	Vision Services (VISN): services related to the child's communication skills, training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.
HERN	T1024HN	*EI HEARING SERVICES AFTER SHINE	50	1 hour	Hearing Specialist Services: services occurring after SHINE initial services, these services for families of children with permanent hearing loss include ongoing education on development of communication skills and strategies, use of communication options as appropriate, management of amplification, and auditory skill development. Performed by ITDS, speech language pathologist, or teacher of hearing impaired with hearing specialist qualifications.
SHIN	T1024HN	*INITIAL SHINE SERVICES, INDIVIDUAL	50	1 hour	SHINE Services (SHIN): initial services in the natural environment for children with permanent hearing loss and family and caregivers including SHINE family education on hearing loss, unbiased presentation of communication options; development of Communication Plan, and awareness of ongoing hearing specialty provider options. Performed by ITDS, speech language pathologist, or teacher of hearing impaired with hearing specialist qualifications. May bill TRAV.
ECE	ECE	*EARLY CHILDHOOD EDUCATION	12.5	1 hour	Early Care and Education – service provided to a child who requires socialization opportunities in structured early care and education setting in order to achieve specific IFSP outcomes, when no other opportunity exists as a party of everyday routines, activities, and places or other community programs.

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Code	CPT CODE	Description	Rate	Units Def	Definition
SIC	SIC	*SPECIAL INSTRUCTION CONSULTATION	50	1 hour	Special Instruction Consultant: service provided in a typical child care setting, by individuals with expertise in the area of special instruction and curriculum development for infants and toddlers with special needs. This includes the development of the plan. This service is performed for the child care agency staff wherever children with established conditions and/or developmental delays are being served. This service must consist of at least a 30 minutes face-to-face contact.
SICA	SICA	SPECIAL INSTRUCTION COOPERATING AGENCY	30	1 hour	Special Instruction Cooperating Agency: this service compensates the child care agency staff and must consist of at least 30 minutes of face-to-face contact (per child per month) between the cooperating child care agency staff and the special instruction consultant. The child care agency where an eligible child is being served will be reimbursed for this service at a rate for each authorized child served by the agency.
ASST	ASST	ASSISTIVE TECHNOLOGY	5000	1 item	Assistive Technology (ASST): any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities and directly relates to an outcome/strategy on the IFSP. Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device.
MED	MED	UNSPECIFIED MED OFFICE VISIT	150	1 visit	Office or other outpatient visit for the eval and mgmt of a patient.
COUN	H2019HR	INDIVIDUAL/FAMILY THERAPY	73.32	1 hour	Individual/family therapy
INTR	T1013	INTERPRETER	50	1 hour	Interpreter: translation into the family's mode of communication including oral translation, sign language interpretation or written translation.
RSPT	RSPT	RESPITE	0	1 hour	Respite: care giving services provided for an infant or toddler in order to meet a unique, temporary need to achieve outcomes on the IFSP. Service may be provided in the child's home or in another location.
IFSP	IFSP	*INDIVIDUALIZED FAMILY SUPPORT PLAN	0	1 mtg	Individualized Family Support Plan (IFSP): is used by the service coordinator at the completion of the IFSP meeting each time the Individualized Family Support Plan team meets to review, update, or revise the Family Support Plan.
TCM	T1017TL	TARGETED CASE MANAGEMENT	37	1 hour	Targeted Case Management (TCM): activities done by the service coordinator to ensure access, quality, and delivery of necessary and appropriate services to an individual child/family, including participating in the assessment and development of child and family outcomes related to the child's needs and development of the IFSP, and preparing and maintaining case record documentation. Every child receives TCM regardless of payer.
CASE	CASE	NON-TCM CASE MANAGEMENT	37	1 hour	Case Management Not Meeting Targeted Case Management Definition: activities done by the service coordinator that do not meet the Medicaid Targeted Case Management definition. Examples of these are; activities that are intended to contact an individual but contact could not be made and a message was left; retrieving or returning case records to file storage; providing counseling to the family that is not directly related to the child's functional outcomes; discharge planning from a hospital; quality assurance reviews of records; etc.
OCCT	97530	OT SESSION BY LICENSED OT	71.44	1 hour	Services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor and postural development. In the Florida ES model these services are designed to improve the child's functional ability to perform tasks in home, school, and community setting, including family participation and coaching. and include; identification, assessment and intervention; adaptation of the environment; and prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
PHY	97110	PT SESSION BY LICENSED PT	71.44	1 hour	Services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status and effective environmental adaptation. These services include; screening, assessment and intervention; obtaining, interpreting and integrating information appropriate to the program planning, to prevent, alleviate or compensate for movement dysfunction and related functional problems; and provide individual and group services or treatment to prevent, alleviate or compensate for movement dysfunction and related functional problems.
SPL	92507	SPL THERAPY SESSION BY LICENSED SLP	71.44	1 hour	Speech/Language Therapy (SLP): includes services which identify children with communicative or oropharyngeal disorders and delays in development of communication skills. It includes diagnosis and appraisal of specific disorders and delays in those skills; referral for medical or other professional services necessary for the habilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development or communication skills.
TRAN	TRAN	*FAMILY TRANSPORTATION	100	1 event	Family Transportation: includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) when transportation is a family hardship or barrier to accessing early intervention services. TRAN units are recorded at actual cost = 1 unit.
TRAV	A0160	*PROV TRAVEL TO NATURAL ENV-BY MIN	0.5	1 min	Provider Travel to Natural Environment: is travel by providers to locations where services in the natural environment are delivered.
SCTT	SCTT	SERVICE COORDINATOR TRAVEL	0	1 hour	Service Coordination Travel: time spent in travel associated with performance of targeted case management or case management duties. SCTT units represent hours of travel time where 1.0 unit equals 1 hour.
SENS	V5014TS	HEARING AID REPAIR IN-OFFICE	15	1 repair	office repair of hearing aid
AUDE	92552	PURE TONE AUDIOMETRY -AIR ONLY	17.92	1 procedure	Pure tone audiometry-air only
AUDE	92588	OTOACOUSTIC EMISSIONS (COMP)	20.68	1 procedure	Otoacoustic Emissions (Comprehensive)
FANE	FANE	*FAMILY INTERVIEW BY COMMUNITY PROVIDER	30	1 visit	Face-to-face family interview completed prior to the IFSP by a provider other than the SC for the purpose of collecting family concerns, priorities and resources, ERAP information and other first contact information.
EXIT	EXIT	EXIT ASSESSMENT	50	1 hour	Child assessment for the purpose of the child outcome measurement data collection. Exit assessment is a service that can be completed by an individual or team.
BEHV	H0031HO	COMP BEHAVIORAL HEALTH ASSESSMENT	125	1 assesment	Mental Health Assessment, by a non-physician Masters degree professional, of the child's presenting symptoms and behaviors; developmental and mental history; family psycho-social and medical history; and family functioning and cultural and communication patterns and current environmental conditions and stressors. The assessment must include a clinical interview with the primary caretaker and observation of the caregiver-infant (child) relationship and interactive patterns as well as the provider's observation and assessment of the child including affective, language, cognitive, motor, sensory, self-care and social functioning. The assessment must be written in narrative form and provide detailed, individualized information on the components listed above. The sole use of checklists or fill-in-the-blank forms is prohibited.
EIIF	COUN	*UNSPECIFIED COUNSELING	50	1 hour	Counseling, professional guidance provided for an individual, family, or group using psychological, behavioral and/or sociological methods. Provided by licensed individuals, including marriage/family counselors, psychologists, clinical social workers, mental health counselor.
EIIF	90801	*PSYCHIATRIC DIAG INTERVIEW	50	1 hour	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient.
EIIF	90812	*INDIVIDUAL PSYCHOTHERAPY, 45-50 MINUTES	50	1 hour	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient
EIIF	90846	*FAMILY PSYCHOTHERAPY W/O PATIENT	50	1 hour	Family psychotherapy (without the patient present)
EIIF	90847	*FAMILY PSYCHOTHERAPY WITH PATIENT	50	1 hour	Family psychotherapy (conjoint psychotherapy) (with patient present)
EIIF	96154	HEALTH AND BEHAVIOR INTERVENTION	50	1 hour	Health and behavior intervention, face-to-face, family with the patient present
TCON	TCON	*TRANSITION CONFERENCE	0	1 mtg	The conference typically held when the child is between 27 and 33 months of age to discuss possible services that the child may receive after aging out of Early Steps. This event should be entered, regardless of whether or not the child is potentially eligible for the school district prekindergarten program for children with disabilities and regardless of whether or not the LEA representative is present.
MED	90801HA	PSYCHIATRIC DIAG INTERVIEW BY PHYSICIAN	88.64	1 visit	psychiatric diagnostic interview examination
MED	99201	OUTPATIENT VISIT, NEW, 10 MINS	28.08	1 visit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
MED	99202	OUTPATIENT VISIT, NEW, 20 MINS	35.98	1 visit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.
MED	99203	OUTPATIENT VISIT, NEW, 30 MINS	53.55	1 visit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
MED	99204	OUTPATIENT VISIT, NEW, 45 MINS	75.72	1 visit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.

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MED	99205	OUTPATIENT VISIT, NEW, 60 MINS	96.23	1 visit	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
MED	99211	OUTPATIENT VISIT, EST, 5 MINS	12.48	1 visit	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
MED	99212	OUTPATIENT VISIT, EST, 10 MINS	21.84	1 visit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
MED	99213	OUTPATIENT VISIT, EST, 15 MINS	26.61	1 visit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
MED	99214	OUTPATIENT VISIT, EST, 25 MINS	41.46	1 visit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
MED	99215	OUTPATIENT VISIT, EST, 40 MINS	60.28	1 visit	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
NUTR	97802	NUTRITIONAL EVAL, INITIAL	50	1 hour	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
NUTR	97803	NUTRITIONAL EVAL, FOLLOW-UP	50	1 hour	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
OCCT	97530HM	OT SESSION BY OT ASST	57.2	1 hour	Services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor and postural development. In the Florida ES model these services are designed to improve the child's functional ability to perform tasks in home, school, and community setting, including family participation and coaching. and include; identification, assessment and intervention; adaptation of the environment; and prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
PHY	97110HM	PT SESSION BY PT ASST	57.16	1 hour	Services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status and effective environmental adaptation. These services include; screening, assessment and intervention; obtaining, interpreting and integrating information appropriate to the program planning, to prevent, alleviate or compensate for movement dysfunction and related functional problems; and provide individual and group services or treatment to prevent, alleviate or compensate for movement dysfunction and related functional problems.
SPL	92507HM	SPL THERAPY SESSION BY SLP ASST	57.2	1 hour	Speech/Language Therapy (SLP): includes services which identify children with communicative or oropharyngeal disorders and delays in development of communication skills. It includes diagnosis and appraisal of specific disorders and delays in those skills; referral for medical or other professional services necessary for the habilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development or communication skills.
IPDEF	IPDEF	FOLLOW-UP PSYCH AND DEV EVAL	75	1 hour	Follow-up evals are comprehensive, interdisciplinary evals provided to a child who has been referred for services. The eval is to determine the child's psychosocial and developmental level of functioning. Evals must be performed by a minimum of 2 professionals (ITDS, PT, OT, SLP, RN, MD, Psychologist, LCSW, Mental Health Counselor) from different disciplines at least 1 of which must be enrolled as a Medicaid EI provider (class code 81).
IPDEF	T1024GNST	F/U PSYCH AND DEV EVAL BY SPAT	75	1 hour	Follow-up evals are comprehensive, interdisciplinary evals provided to a child who has been referred for services. The eval is to determine the child's psychosocial and developmental level of functioning. Evals must be performed by a minimum of 2 professionals (ITDS, PT, OT, SLP, RN, MD, Psychologist, LCSW, Mental Health Counselor) from different disciplines at least 1 of which must be enrolled as a Medicaid EI provider (class code 81).
IPDEF	T1024GOTS	F/U PSYCH AND DEV EVAL BY OT	75	1 hour	Follow-up evals are comprehensive, interdisciplinary evals provided to a child who has been referred for services. The eval is to determine the child's psychosocial and developmental level of functioning. Evals must be performed by a minimum of 2 professionals (ITDS, PT, OT, SLP, RN, MD, Psychologist, LCSW, Mental Health Counselor) from different disciplines at least 1 of which must be enrolled as a Medicaid EI provider (class code 81).
IPDEF	T1024GPTS	F/U PSYCH AND DEV EVAL BY PT	75	1 hour	Follow-up evals are comprehensive, interdisciplinary evals provided to a child who has been referred for services. The eval is to determine the child's psychosocial and developmental level of functioning. Evals must be performed by a minimum of 2 professionals (ITDS, PT, OT, SLP, RN, MD, Psychologist, LCSW, Mental Health Counselor) from different disciplines at least 1 of which must be enrolled as a Medicaid EI provider (class code 81).
IPDEF	T1024TLTS	F/U PSYCH AND DEV EVAL BY EI PROF	75	1 hour	Follow-up evals are comprehensive, interdisciplinary evals provided to a child who has been referred for services. The eval is to determine the child's psychosocial and developmental level of functioning. Evals must be performed by a minimum of 2 professionals (ITDS, PT, OT, SLP, RN, MD, Psychologist, LCSW, Mental Health Counselor) from different disciplines at least 1 of which must be enrolled as a Medicaid EI provider (class code 81).
IPDEF	T1024TS	F/U PSYCH AND DEV EVAL BY ITDS	55.5	1 hour	Follow-up evals are comprehensive, interdisciplinary evals provided to a child who has been referred for services. The eval is to determine the child's psychosocial and developmental level of functioning. Evals must be performed by a minimum of 2 professionals (ITDS, PT, OT, SLP, RN, MD, Psychologist, LCSW, Mental Health Counselor) from different disciplines at least 1 of which must be enrolled as a Medicaid EI provider (class code 81).
IPDEI	T1024GNUK	INITIAL PSYCH AND DEV EVAL BY SPAT	75	1 hour	Initial evals are comprehensive, interdisciplinary evals provided to a child who has been referred for services. The eval is to determine the child's psychosocial and developmental level of functioning. Evals must be performed by a minimum of 2 professionals (ITDS, PT, OT, SLP, RN, MD, Psychologist, LCSW, Mental Health Counselor) from different disciplines at least 1 of which must be enrolled as a Medicaid EI provider (class code 81).
IPDEI	T1024GOUK	INITIAL PSYCH AND DEV EVAL BY OT	75	1 hour	Initial evals are comprehensive, interdisciplinary evals provided to a child who has been referred for services. The eval is to determine the child's psychosocial and developmental level of functioning. Evals must be performed by a minimum of 2 professionals (ITDS, PT, OT, SLP, RN, MD, Psychologist, LCSW, Mental Health Counselor) from different disciplines at least 1 of which must be enrolled as a Medicaid EI provider (class code 81).
IPDEI	T1024GPUK	INITIAL PSYCH AND DEV EVAL BY PT	75	1 hour	Initial evals are comprehensive, interdisciplinary evals provided to a child who has been referred for services. The eval is to determine the child's psychosocial and developmental level of functioning. Evals must be performed by a minimum of 2 professionals (ITDS, PT, OT, SLP, RN, MD, Psychologist, LCSW, Mental Health Counselor) from different disciplines at least 1 of which must be enrolled as a Medicaid EI provider (class code 81).
IPDEI	T1024TL	INITIAL PSYCH AND DEV EVAL BY EI PROF	75	1 hour	Initial evals are comprehensive, interdisciplinary evals provided to a child who has been referred for services. The eval is to determine the child's psychosocial and developmental level of functioning. Evals must be performed by a minimum of 2 professionals (ITDS, PT, OT, SLP, RN, MD, Psychologist, LCSW, Mental Health Counselor) from different disciplines at least 1 of which must be enrolled as a Medicaid EI provider (class code 81).
IPDEI	T1024HNUK	INITIAL PSYCH AND DEV EVAL BY ITDS	55.5	1 hour	Initial evals are comprehensive, interdisciplinary evals provided to a child who has been referred for services. The eval is to determine the child's psychosocial and developmental level of functioning. Evals must be performed by a minimum of 2 professionals (ITDS, PT, OT, SLP, RN, MD, Psychologist, LCSW, Mental Health Counselor) from different disciplines at least 1 of which must be enrolled as a Medicaid EI provider (class code 81).
EIGF	T1027TTSC	EI GROUP SESSION BY EI PROF	25	1 hour	Early Intervention Group Professional (EIGF): an early intervention session in the child's natural environment with one child or that child's parent(s), family-member(s), or caregiver(s) or both one child and that child's parent(s), family-member(s) or caregiver(s).
EIGF	T1027TTHM	*EI GROUP SESSION BY PARAPROF	12.5	1 hour	Early Intervention Group Parapro (EIGF): an early intervention session in the child's natural environment with one child or that child's parent(s), family-member(s), or caregiver(s) or both one child and that child's parent(s), family-member(s) or caregiver(s).
EIIF	T1027HM	*EI INDIVIDUAL SESSION BY PARAPROF	25	1 hour	Early Intervention Individual Professional (EIIF): an early intervention session in the child's natural environment with one child or that child's parent(s), family-member(s), or caregiver(s) or both one child and that child's parent(s), family-member(s) or caregiver(s). The early intervention services provider must write a plan of care for the child based on the most current multidisciplinary evaluation and other current appropriate medical documentation. A plan of care must be written for each type of early intervention session (individual, group to be provided. The plan of care must reflect the service period authorized on the IFSP and the authorizing period cannot be more than six months. Changes or revisions may require the development of a new plan of care. A copy of the plan of care must be maintained in the provider's file for the child and in the file with the local CMS Early Steps program.

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Code	CPT CODE	Description	Rate	Units Def	Definition
EIIF	T1027SC	EI INDIVIDUAL SESSION BY EI PROF	50	1 hour	Early Intervention Individual Professional (EIIF): an early intervention session in the child's natural environment with one child or that child's parent(s), family-member(s), or caregiver(s) or both one child and that child's parent(s), family-member(s) or caregiver(s). The early intervention services provider must write a plan of care for the child based on the most current multidisciplinary evaluation and other current appropriate medical documentation. A plan of care must be written for each type of early intervention session (individual, group to be provided. The plan of care must reflect the service period authorized on the IFSP and the authorizing period cannot be more than six months. Changes or revisions may require the development of a new plan of care. A copy of the plan of care must be maintained in the provider's file for the child and in the file with the local CMS Early Steps program.
VISN	T1027SC	EI VISION SERVICES, INDIVIDUAL	50	1 hour	Vision Services (VISN): services related to the child's communication skills, training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.
HERN	T1027SC	*EI HEARING SERVICES AFTER SHINE	50	1 hour	Hearing Specialist Services: services occurring after SHINE initial services, these services for families of children with permanent hearing loss include ongoing education on development of communication skills and strategies, use of communication options as appropriate, management of amplification, and auditory skill development. Performed by ITDS, speech language pathologist, or teacher of hearing impaired with hearing specialist qualifications.
SHIN	T1027SC	*INITIAL SHINE SERVICES, INDIVIDUAL	50	1 hour	SHINE Services (SHIN): initial services in the natural environment for children with permanent hearing loss and family and caregivers including SHINE family education on hearing loss, unbiased presentation of communication options; development of Communication Plan, and awareness of ongoing hearing specialty provider options. Performed by ITDS, speech language pathologist, or teacher of hearing impaired with hearing specialist qualifications. May bill TRAV.
AUDE	92557	COMP AUDIO THRESHOLD EVAL/SPCH RECOG	21.55	1 procedure	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553)
IPDEI	IPDEI_NM	INITIAL PSYCH & DEV EVAL BY NON-MED PROF	55.5	1 hour	Initial evals are comprehensive, interdisciplinary evals provided to a child who has been referred for services. The eval is to determine the child's psychosocial and developmental level of functioning. Evals must be performed by a minimum of 2 professionals from different disciplines at least 1 of which must be enrolled as a Medicaid EI provider (class code 81).
IPDEF	IPDEF_NM	F/U PSYCH & DEV EVAL BY NON-MED PROF	55.5	1 hour	Follow-up evals are comprehensive, interdisciplinary evals provided to a child who has been referred for services. The eval is to determine the child's psychosocial and developmental level of functioning. Evals must be performed by a minimum of 2 professionals from different disciplines at least 1 of which must be enrolled as a Medicaid EI provider (class code 81).
SCONLY	SCONLY	*SERVICE COORDINATION ONLY	0	1 record	SCONLY (Service Coordination Only): This code applies to children for whom no services were authorized by the IFSP team other than service coordination, or when the parent does not provide consent for authorized services other than service coordination.
EIGF	EIGF_NM	EI GROUP SESSION BY NONMED PROF	25	1 hour	Early Intervention Group Professional (EIGF): an early intervention session in the child's natural environment with one child or that child's parent(s), family-member(s), or caregiver(s) or both one child and that child's parent(s), family-member(s) or caregiver(s).
EIIF	EIIF_NM	EI INDIVIDUAL SESSION BY NONMED PROF	50	1 hour	Early Intervention Individual Professional (EIIF): an early intervention session in the child's natural environment with one child or that child's parent(s), family-member(s), or caregiver(s) or both one child and that child's parent(s), family-member(s) or caregiver(s). The early intervention services provider must write a plan of care for the child based on the most current multidisciplinary evaluation and other current appropriate medical documentation. A plan of care must be written for each type of early intervention session (individual, group to be provided. The plan of care must reflect the service period authorized on the IFSP and the authorizing period cannot be more than six months. Changes or revisions may require the development of a new plan of care. A copy of the plan of care must be maintained in the provider's file for the child and in the file with the local CMS Early Steps program.
SHIN	EIIF_NM	*INITIAL SHINE SERVICES, IND NONMED	50	1 hour	SHINE Services (SHIN): initial services in the natural environment for children with permanent hearing loss and family and caregivers including SHINE family education on hearing loss, unbiased presentation of communication options; development of Communication Plan, and awareness of ongoing hearing specialty provider options. Performed by ITDS, speech language pathologist, or teacher of hearing impaired with hearing specialist qualifications. May bill TRAV.
HERN	EIIF_NM	*EI HEARING SERVICES AFTER SHINE NONMED	50	1 hour	Hearing Specialist Services: services occurring after SHINE initial services, these services for families of children with permanent hearing loss include ongoing education on development of communication skills and strategies, use of communication options as appropriate, management of amplification, and auditory skill development. Performed by ITDS, speech language pathologist, or teacher of hearing impaired with hearing specialist qualifications.
VISN	EIIF_NM	*EI VISION SERVICES, IND NONMED	50	1 hour	Vision Services (VISN): services related to the child's communication skills, training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.
NESF	99600	NATURAL ENVIRONMENT SUPPORT FEE	10	1 visit	Provider Travel to Natural Environment: is travel by providers to locations where services in the natural environment are delivered.
AUD	92593TS	AUDIOLOGY SERVICES (Biaural)	50	1 visit	Hearing aid follow-up visit for Non-Medicaid
AUDE	V5160	DISPENSING FEE BINAURAL	230	1 eval	
SENS	V5220	BEHIND EAR BICROS HEARING AID	617	1 aid	
SENS	V5060	BEHIND EAR HEARING AID	228	1 aid	
SENS	V5140	BEHIND THE EAR BINAURAL HEARING AID	456	1 aid	
SENS	V5180	BEHIND THE EAR CROS HEARING AID	617	1 aid	
SENS	V5130	IN EAR BINAURAL HEARING AID	456	1 aid	
SPCH	92524	BEHAV & QUAL ANALYSIS OF VOICE AND RES	51.05	1 eval	
SPCH	92521	EVAL OF SPEECH FLUENCY	51.05	1 eval	
SPCH	92522	EVAL OF SPCH SOUND PROD	51.05	1 eval	
TRAV	TRAVS	Travel by mile	0.445	1 mile	
PSTH	97161	PT EVAL LOW COMPLEXITY	51.05	1 eval	
PSTH	97162	PT EVAL MODERATE COMPLEXITY	51.05	1 eval	
PSTH	97163	PT EVAL HIGH COMPLEXITY	51.05	1 eval	
PSTF	97164	PT RE-EVAL EST PLAN CARE	51.05	1 eval	
OCTH	97165	OT EVAL LOW COMPLEXITY	51.05	1 eval	
OCTH	97166	OT EVAL MODERATE COMPLEXITY	51.05	1 eval	
OCTH	97167	OT EVAL HIGH COMPLEXITY	51.05	1 eval	
OCTF	97168	OT RE-EVAL EST PLAN CARE	51.05	1 eval	